2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L07000043949

Entity Name: PROACTIVE INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

5625 STRAND BLVD
503
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5625 STRAND BLVD
503
NAPLES, FL 34110

New Mailing Address:

FEI Number: 56-2625000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYBA, MICHAEL F
2169 45TH TERR. S.W.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RYBA, MICHAEL F
Address: 2169 45TH TERR. S.W.
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL F. RYBA MGRM 04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date